

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10688648**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		3				
5	1	1				
6		1				
7		1				
8		3				
9	1					
10		1				
11		1				
12		3				
13	1					
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15		1				
16		3				
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TOTAL IND.	9					
TOTAL DEP.	46					
TOTAL CLAIMS	55					

  

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